'Best Available Copy

| PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000 | | | | | | | | Application of Docket Number | | | | | |
|--|--|----------------------------------|-------------------|--------------|------------------------------|------------------|--------------|------------------------------|------------------------|---------|----------------------------|------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | SMALL ENTITY | | | | OTHER THAN OR SMALL ENTITY | | |
| TOTAL CLAIMS | | | 24 | | | | Γ | RATE | FEE |] [| RATE | FEE | |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | E | BASIC FEE | 355.00 | OR | BASIC FEE | 710.00 | |
| TOTAL CHARGEABLE CLAIMS | | | 24 minus 20= | | ·4 | | | X\$ 9= | | OR | X\$18= | 72 | |
| INDEPENDENT CLAIMS | | | 3 minus 3 = | | D | | . [| X40= | | OR | X80= | | |
| MU | LTIPLE DEPEN | DENT CLAIM PI | RESENT | | | | f | +135= | | OR | +270= | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 - | | | | | | | L | TOTAL | | OR | TOTAL | 782 | |
| CLAIMS AS AMENDED - PART II | | | | | | | | TOTAL | L | JON | OTHER | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | SMALL | ENTITY | OR | SMALL | | |
| ENT A | C. | CLAIMS REMAINING AFTER AMENDMENT | | NUM PREVI | HEST IBER OUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| AMENDMENT A | Total | .22 | Minus | 2 | 4 | =Ø, | | X\$ 9= | | OR | X\$18= | | |
| | Independent | • 3 | Minus | *** | 3 | = 10 | | X40= | | OR | X80= | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CL | | | | | | J | +135= | | OR | +270= | | |
| | | | | | | | L | TOTAL | | | TOTAL | | |
| | (Column 1) (Column 2) (Column 3 | | | | | | | DDIT. FEE | | OR | ADDIT. FEE | | |
| 8 | N. S. 741 C. 19 | CLAIMS REMAINING | William Control | HIG | HEST ABER | | 1 [| | ADDI- |) | | ADDI- | |
| AMENDMENT | | AFTER AMENDMENT | | PREVI | OUSLY | PRESENT EXTRA | | RATE | TIONAL FEE | | RATE | TIONAL FEE | |
| NON | Total | • | Minus | •• | | = | | X\$ 9= | | OR | X\$18= | | |
| AME | Independent | <u> -</u> | Minus | ••• | | - | | X40= | | OR | X80= | | |
| Ľ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | ╛┞ | +135= | | OR | +270= | | |
| | | | | | | | | TOTAL | | | TOTAL | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | DDIT. FEE | | 4 | ADDIT. FEE | | |
| o | | CLAIMS REMAINING | | HIG | HEST MBER | PRESENT | 1 1 | | ADDI- | l | | ADDI- | |
| AMENDMENT (| | AFTER AMENOMENT | | PREVI | OUSLY | EXTRA | | RATE | TIONAL FEE | | RATE | TIONAL _FEE_ | |
| | Total | • | Minus | ** | | = | | X\$ 9≃ | | OR | X\$18= | | |
| | Independent | • | Minus | ••• | | = | | X40= | | OR | X80= | | |
| Ľ | FIRST PRESE | NTATION OF M | ULTIPLE DEI | PENDEN | T CLAIM | | ┚┢ | .125_ | | 1 | | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | +135= | | OR | +270= TOTAL | | |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate bo | | | | | | | | | | | ADDIT. FEE | | |
| | The "Highest Nun | nber Previously Pa | aid For" (Total o | r independ | dent) is the | highest numbe | er four | nd in the ap | propriate bo | x in co | lumn 1. | | |